

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042921

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5766

STATE FILE NUMBER

FILED NOV 29 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 10 WEEKS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8852 VIRGINIA LANE		d. STREET ADDRESS (If outside, give location) 8852 VIRGINIA LANE	
3. NAME OF DECEASED (Type or print) First LENNA Middle SHERMAN Last SHERMAN		4. DATE OF DEATH Month NOVEMBER Day 14th Year 1962	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-18-85
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL MANAGER		10b. KIND OF BUSINESS OR INDUSTRY R.J. HURLEY LUMBER	
11. BIRTHPLACE (City and state or country) WHEATLAND MISSOURI, U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME JOHN M. SHERMAN		13b. MOTHER'S MAIDEN NAME LUCY PAXTON	
14. NAME OF HUSBAND OR WIFE MAUDE SHERMAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NONE	
16. SOCIAL SECURITY NO.		17. INFORMANT KANSAS CITY MISSOURI HELEN BLAIR, 8852 VIRGINIA LANE	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) intestinal obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) adenocarcinoma of the colon DUE TO (c) none PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10/61 to present and last saw her/him live on 11/10/62 Death occurred at 4.20. P m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John A. Flatley M.D. (Degree or title) 22b. ADDRESS 9466 E 63 St Raytown, Mo 22c. DATE SIGNED 11/14/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-16-62	23c. NAME OF CEMETERY OR CREMATORY ROBINSON CEMETERY	23d. LOCATION (City, town, or county) (State) WEAUBLEAU MISSOURI
24. FUNERAL DIRECTOR 1331 Brush Creek Blvd. D.W. Newcomer's Sons Kansas City Mo		25. DATE RECD. BY LOCAL REG. 11-15-62	26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

John A. Flatley MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1
3
4 0
5 2
6
7 0
8 2
9 153.8
10
11
12 90.0
13

DR Harley M.B
827. Huntington Rd
EM. 3-1753

NOV 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.